## ELECTRICAL/SIGN PERMIT APPLICATION



Department of Building and Zoning P.O. Box 618 Norton, VA 24273 Phone- 276-679-1160 Fax- 276-679-3510

ON	What type of work is to be performed (please circle):	RESIDENTIAL	CC	OMMERCIAL		
	What type of property improvement will be made (please describe):					
WORK DESCRIPTION						
RK DES						
[OM						
ID	CONTRACTOR NAME		CONTRACTOR ID #:			
CONTACT	PRIMARY CONTACT PERSON:		CONTACT'S PHONE #:			
	CONTACT'S E-MAIL ADDRESS (IF YOU WOULD LIKE FOR US TO CONTACT YOU BY EMAIL):					
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAM	ME:	OWNER PHONE #:			
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION:					
Z	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET N	(AME):	SECTION:	LOT:		
JOB INFORMATION						
	IF APPLICABLE, WHAT IS THE SHOPPING CENTER NAME OR BUILDING NAME OR TENANT NAME?					
ELEC.	WHAT IS THE ESTIMATED COST OF ELECTRICAL WORK O not include the cost of structural, plumbing, mechanical or other aux	EST. COST OF WORK:				

	WHAT IS THE ESTIMATED COST OF STRUCTURAL WORK ONLY (materials and labor)? Do EST. COST OF WORK:						
	not include the cost of electrical or other auxiliary work.		\$				
	Please circle type of sign: TEMPORARY PERMANENT						
	WHO IS MANUFACTURING THE SIGN?:	WHO IS INS	TALLING THE	SIGN?:			
SIGNS							
5							
S	SITE SKETCH SHOWING BUILDING FOOTPRINT AND THE FOLLOWNING:		SIGN ELEVATION PLANS SHOWING THE FOLLOWING:  For all signs:				
	For building mounted signs:  Location on Building. Show if any existing signs are to be removed		Elevations showing sign.				
	Dimensions of Building or Tenant Space.		Height/Width				
	For freestanding signs:  Proposed and existing sign locations. Note if any signs are to be removed.		Color information  Materials used				
	Setback dimensions from Right of Way.		Illumination information				
	Landscaping, (if any is proposed).			For building mounted signs, show type of anchoring			
	Setback dimensions. For Freestanding signs, show for			ing signs, show footing/	foundation details		
	APPLICANT NAME (PLEASE PRINT):						
_							
N	REPRESENTING (NAME OF COMPANY):						
$\mathbb{C}^{\mathbf{A}}$							
APPLICANT							
A	APPLICANT SIGNATURE:			D	ATE:		
	COMPLETE THIS SECTION ONLY IF YOU ARE AN OWNER DOING YOUR OWN WORK,						
	AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.						
	If you are an owner and intend to do the work or subcontract the work out, an Owner Affidavit is required certifying that you						
	are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor						
	or subcontractor. Signing the Owner Affidavit and, in turn, obtaining the permit in your name makes you the owner,						
M	responsible for the quality of the work and compliance with						
AFFIDAVIT	completed, with the signature of a person who witnessed you				ing your compliance with		
E	Section 54.1-1111 of the Code of Virginia. (Note: Lessees						
٦.	I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all						
OWNER	state laws regulating building construction and use, and compliance with all City Ordinances.						
N N	OWNER'S SIGNATURE	DA	ГЕ	PLEASE PRINT OW	NER NAME LEGIBLY		
0							
	I, as a WITNESS, saw the owner of this property affix his signature to this Owner Affidavit, certifying that he/she is not subject						
	to licensure as a contractor or subcontractor in the State of V		uns Owner A	tilidavit, certifying	that he/she is not subject		
			P.C.	DI EAGE DEDIT WAS	ENEGGNANE I EGIDLY		
	WITNESS SIGNATURE:	DA	IE:	PLEASE PRINT WIT	TNESS NAME LEGIBLY		
	ELECTRICAL PERMIT FEE:	STAT	TATE LEVY ELECTRICAL:				
ΓX	SIGN PERMIT FEE:	STAT	E LEVY SIGN:				
E (	TOTAL PERMIT FEE:						
CO	TOTAL LEGIT LE.						
[ <del>-</del> ]							
$\overline{\Box}$	COMMENTS						
FICI	COMMENTS:						
OFFICE USE ONLY	COMMENTS:						
OFFICI	COMMENTS:						